

Facility Name		License Number
City	Effective Date of Action for Residents Listed in Section A ?	

[illegible]

Provider Regulation and Quality Improvement Nursing Consultant
Bureau of Quality Assurance
Division of Disability and Elder Services
2917 International Lane, Suite 300
Madison WI 53704

Appeal notice letters will be sent to the following residents informing them that they are no longer eligible for coverage under the Wisconsin Medical Assistance Program.		Effective Date of Action for Residents Listed in Section B?	

Date Signed

Primary Team RN	Telephone Number	Regional Office
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INSTRUCTIONS
DDE-2281 CARE LEVEL CHANGE NOTICE

Complete this form for nursing facilities and facilities for the developmentally disabled.

The assigned RN is responsible for the accurate completion of this form.

SECTION A: Document only those residents whose care level has changed as a result of the survey process but whose care needs will continue to be met by this facility. List the name of the resident, MA number, previous care level (nursing/DD/MI) and current care level (Nursing/DD/MI) and sign with a complete signature (not initials).

NOTE: The effective date is the date served.

SECTION B: Document only those residents who no longer are eligible for coverage under the Wisconsin Medical Assistance Program because their needs no longer qualify them for care at this facility.

Note: Section B residents receive notice of non-coverage via certified mail. The effective date of non-coverage is always the 1st working day of the month following a ten calendar day notice plus 5 calendar days for mail delivery.

EXAMPLE 1: Letter mailed to resident on March 10; add 5 calendar days for mail delivery; add 10 calendar days for notice of non-coverage = March 25. Effective date would be the first working day in April.

EXAMPLE 2: Letter mailed to resident on March 20; add 5 calendar days for mail delivery; add 10 calendar days for notice of non-coverage = April 4. Effective date would be the first working day in May.

Provider signs and dates this form to indicate that the facility has received notice of the care level changes and the facility administrative review rights for those residents listed in Section A of this form.